

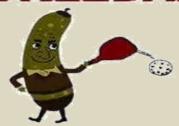
City of Alexandria Department of Recreation, Parks and Cultural Activities Sports Program



Senior's PICKLEBALL League

Mixed Doubles, Men's or Womens' Doubles Ages 55 & older

PICKLEBALL



Thursdays, January 5 – February 23, 2012 9:00 a.m. – 12 noon

Charles Houston Recreation Center Gymnasium 901 Wythe Street, Alexandria, Virginia 22314



Cost: \$50 per team
7 Games Guaranteed
Mixed Doubles, Men's or Womens' Doubles
AWARDS: 1st and 2nd PLACE

Deadline: December 28, 2011

Make checks payable to the "City of Alexandria" and submit with roster.

For more information please contact Marvin Elliott at 703.746.5409 or by e-mail <u>marvin.elliott@alexandriava.gov</u>

The City of Alexandria is committed to compliance with the Americans with Disabilities Act. To request a reasonable accommodation or an alternative format, please e-mail marvin.elliott@alexandriava.gov or call 703.838.5003 (TTY 703.838.4902).

OFFICIAL ADULT SPORTS TEAM ROSTER FORM

In consideration of the City of Alexandria Department of Recreation, Parks and Cultural Activities conducting various programs, the undersigned, realizing the risk of injury attendant to such programs, does/do hereby and forever discharge the City of Alexandria, its officers, agents, and including but not limited to the Department of Recreation and its supervisors, from any and all actions, causes of action, claims and demands for, upon or by reason of any injury which hereafter at any time may be sustained by participation in such programs.

As a player, I will abide by the City of Alexandria's Code of Sportsmanship by demonstrating fair play and sportsmanship to my teammates and my opponent at all times. Failure to follow the Code of Conduct will lead to disciplinary action by the City of Alexandria against myself or my team.

| Player's Name | Full Street Address (include apartment number) | City, State & Zip | R/ NR | Emaíl |
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In the space provided above, indicate <u>"R" for City of Alexandria</u>

<u>Resident and <u>"NR" for Nonresident</u></u>

Division:

Men

Coed

Women

| Team Name: | | |
|---------------------|--------|--|
| Manager: | | |
| Address: | | |
| Phone (H) | (Cell) | |
| Manager's email: | | |
| Co-Manager: | | |
| Address: | | |
| Phone (H) | (Cell) | |
| Co-Manager's email: | | |